California's Dual Diagnosis Project
Protocols and Answers to Frequently Asked Questions

Version Date: January 2001

Table of Contents

Research and Performance Outcomes Development
California Department of Mental Health
1600 9th Street
Sacramento, CA. 95814

Introduction

This document is intended to provide general information regarding the Dual Diagnosis Project as well as provide answers to the most frequently asked questions.

Individuals who have additional questions are encouraged to send them to the California Department of Mental Health for inclusion in this document. Additionally, those who submit questions are encouraged to suggest possible answers that should be considered in the establishment of policy relating to that issue. Questions, comments, and suggestion answers should be submitted, in writing to:

Dual Diagnosis Project Protocols
Research and Performance Outcome Development
1600 9th Street
Sacramento, CA. 95814

Additionally, questions, comments, and suggested answers may be emailed to:

CCross@dmhhq.state.ca.us

System Design Questions

- How was the Dual Diagnosis Project designed?

  The Department of Mental Health (DMH) and the Department of Alcohol and Drug Programs (ADP) have jointly funded four demonstration projects designed to integrate treatment and services for clients diagnosed with both a severe mental illness and a substance abuse problem, hence the term "dual diagnosis."

  Independent consultants are completing the evaluations with oversight from the state's Project Evaluation Director for the Dual Diagnosis Projects. The individual counties conducting the demonstration projects hired the independent consultants. The four project managers, the State Project Evaluator for Dual Diagnosis and the outside contractors met and agreed on an evaluation design.

Target Population Issues and Questions

- Who is the target population for the Dual Diagnosis System?

  The target populations for the treatment programs are clients with severe mental illness with a co-occurring substance abuse problem. These conditions are defined by client meeting the criteria the DSM-IV classification for Axis I diagnosis for mental illness and any diagnosis, using DSM-IV criteria, for substance abuse problems. Any client enters the treatment program is a candidate for the evaluation study. Clients choose to participate in the evaluation or not.

Instrument Administration Schedule and Protocols

- How frequently are the dual diagnosis project instruments to be administered?

  At administration, every six months thereafter, and at discharge.

- How do we deal with the data and collection time frame with clients who dropout and return to the project?

  - **Baseline Data:** All forms must be completed within a 6-week window that begins at the point when the client is stabilized. Stabilization should not take more than 28 days.

  - **How to handle clients who drop out & return ("recycle"):**

Research and Performance Outcomes Development
California Department of Mental Health
1600 9th Street
Sacramento, CA. 95814

Scenario #1: All baseline forms are completed & client drops out. If s/he returns within 3 months (90 days) from date of admission, use the original baseline. If longer than that, s/he is a new case, start over with a new baseline, and administer all forms. This "recycling" will be documented by the independent evaluators.

Scenario #2: Client drops out before all baseline forms are completed and returns within 3 months (90 days) from date of admission:

a) If the following forms are completed, do not repeat them:
   - Either the Axis5 or the BPRS,
   - The ASI
   - The SF36.

The remaining instruments should then be completed. Ongoing test administrations should take place at the standard 6 month interval (starting from the original administration date), using all 7 instruments.

b) If **any** of these forms (either the Axis5 or the BPRS, and the ASI and the SF36) are missing, the baseline data will be invalid and therefore the client must be considered a new client and all the forms must be administered. Use the new admission date for data collection purposes.

Scenario #3: Program fails to collect all baseline forms within 6 weeks of admission:

a) If **all** the following forms are completed, finish up with the data collection within 4 weeks:
   - Either the Axis5 or the BPRS,
   - The ASI
   - The SF36.

b) If any of these forms are not completed, the baseline data will be invalid and the client has already received treatment. Therefore, the client will not be part of the evaluation study.

Scenario #4: Client drops out before all baseline forms are completed and is gone for more than 3 months and then returns: Treat as a new case, re-administer all forms & use new admission date for data collection purposes.

- **Six-month follow-up:** There is a one-month window on either side of the 6-month date to collect the 6-month follow-up data. In order to organize the work completion; first complete the ASI, BPRS, Axis 5 and SF 36. Then complete the L-QOL, Basis-32 and the BHRS. If these forms are not

Research and Performance Outcomes Development
California Department of Mental Health
1600 9th Street
Sacramento, CA. 95814

complete within 30 days following the 6-month date, complete as soon as possible.

- **Continuing Data Collection:** Continue to collect data (using all 7 instruments) for each client every six months until the demonstration project ends. If the client is no longer involved in the program, data should still be collected. For clients no longer in the program, after a year of no contact (i.e., two missed testing intervals), no further efforts need to be made. However, the reason must be documented why each of these case was not followed up, along with any other relevant (e.g., outcome-related) information that is known. For example, note in file (or on face sheet) that the client moved, got a job, relapsed, declined to participate further, was missing, in jail, etc.

- Are all of the dual diagnosis project evaluation instruments administered each time?

No, the Behavioral Health Rating of Satisfaction (BHRS) is not administered until the 6-month period. Since this instrument asks the client to rate her/his satisfaction with services received, it is necessary for them to receive some services before the form is administered.

Schedule of Dual Diagnosis Project Instrument Administration

Intake	Every Six Months	Discharge (Either from county services or to medications only status)
• Addiction Severity Index (ASI) • Basis-32 • SF-36 • Axis-5 subscales • Brief Psychiatric Rating Scale (BPRS) • Lehman's Quality of Life (L-QOL) * One of the 7 instruments will not be administered at admission.	• Addiction Severity Index (ASI) • Behavioral Health Rating of Satisfaction (BHRS) • Basis-32 • SF-36 • Axis-5 subscales • Brief Psychiatric Rating Scale (BPRS) • Lehman's Quality of Life (L-QOL) * All 7 instruments will be administered.	• Addiction Severity Index (ASI) • Behavioral Health Rating of Satisfaction (BHRS) • Basis-32 • SF-36 • Axis-5 subscales • Brief Psychiatric Rating Scale (BPRS) • Lehman's Quality of Life (L-QOL) * All 7 instruments will be administered.

Research and Performance Outcomes Development
California Department of Mental Health
1600 9th Street
Sacramento, CA. 95814

- Does the administration of the instruments have to take place **exactly** six months after the intake set was administered?

  No. There is a "window" of 2 weeks on either side of the 6-month date.

- Can the dual diagnosis project evaluation instruments be administered more often than once every 6 months?

  No.

- Who administers the dual diagnosis project instruments?

  Staff Administering Instruments: The instruments are administered by the program staff at each site. Two of these measures, the *BPRS* and the *Axis5* must be administered by a qualified mental health worker. Qualified staff includes:

  - Licensed Clinicians
  - Paraprofessionals in the behavioral sciences who are overseen by licensed or licensed waiver staff. Paraprofessionals would be those individuals with a bachelor's degree in psychology or a related field, and at least 3 units of graduate-level work in each of these areas: Testing/assessment; Abnormal Psychology; Personality Theory; and Counseling Psychology.
  - Licensed Practitioner of the Healing Arts (MD, LCSW, MFCC, Licensed Psychologist, RN)
  - Waivered staff (MFCC, ACSW)
  - Psychologist Interns

  Three of the remaining instruments are self administered (*BHRS*, *Basis-32*, *SF36*). These are given to the clients by program staff. The *ASI* and *L-QOL* are administered by program staff, which can include mental health clinicians with college degrees and certificated substance abuse counselors.

  Whenever assistance is provided to a client in order to complete the instruments, certain procedures should be followed. First, the person assisting should not interpret the items on the instruments. Second, the person assisting should not discuss the client's responses in any way that will affect those responses.

- What steps should be followed when administering instruments to non-English speaking clients?

  This is a very important question. Part of the answer applies to all efforts to help a client complete the forms. Assistance should be limited to simply reading the questions and marking the client's answers. No effort should be made to interpret

Research and Performance Outcomes Development
California Department of Mental Health
1600 9th Street
Sacramento, CA. 95814

the clients' responses. This would have the effect of introducing the clinician's (or other person's) bias into the results.

Staff who can speak the language will read the instrument to the client. If no one is available, the client will be excused from this component.

- Do the instruments all need to be completed on the same day?

  No.

Confidentiality Procedures and Issues

- How is the client's confidentiality protected?

  A number of steps have been taken to protect client confidentiality. First of all, participation in the evaluation is voluntary. Clients can decline to participate and still receive treatment services.

  Secondly, clients who do agree to participate must sign release-of-information forms. These are kept on file by the programs.

  An oath of confidentiality is required for program staff who handles the data. Oaths of confidentiality are kept by the State Project Evaluation Director. This is in addition to the oath required by the counties as a condition of employment.

  Another line of defense for clients is that the independent evaluators will not have any data with personal identifiers. At the three projects being handled by The Center for Applied Local Research, each client's data will have a case number but all personal identifiers, e.g., SSN and name, will be removed before the data are given to the independent evaluators. The key linking individuals with their case numbers will be kept by the program in a locked file separated from the completed copies of the core instruments. For the San Diego site, the unique identifiers will be on the data file but will be encrypted and thus not available to research staff.

  Finally, the completed copies of the core instruments and the criminal justice data will be kept in locked cabinets. The programs will keep the instruments for one year following the end of the project. After that year, the forms must be shredded.

- I notice that one of the pieces of information that is being requested is the client's social security number. Some clients and clinicians may feel uncomfortable reporting it. Why do you need it?

  In the best of all worlds, we would not be asking for social security number.

Research and Performance Outcomes Development
California Department of Mental Health
1600 9th Street
Sacramento, CA. 95814

Instead, we would simply rely on the client's county case number and the county code for the county where the services were provided in order to be able to link the dual diagnosis data with cost and service utilization data. However, DMH (as well as many other organizations) has found that there are often problems with linking files based only on client case number and county code. Some of these are as follows:

- When a client begins receiving services from a county provider, he or she receives a county case number. If the client discharges from that provider and begins being seen by another provider, he or she often receives a different case number. The problem, then, is that in a data base there would be two case numbers and both of them refer to a single individual. The only way that we could know this would be if we had a third identifier that was unique to the client. This is why we are requesting the client's social security number. The client's social security number is already reported to the DMH's Client Services Information System (CSI) for use in the same way.

- Another problem occurs when a client's case number was simply entered incorrectly at the county before the performance outcome data are reported to the State. Dual Diagnosis staff will only discover the problem when they try to link responses on the performance outcome instruments to a client's service information. At that point, using the client's social security number, gender, ethnicity, and other information will be important for tracking down the correct client case number.

It must be emphasized that the client can request that his or her social security number not be included with their dual diagnosis data. It is not one of the fields that DMH is absolutely requiring in order to accept dual diagnosis data. It will only help us ensure that the data used are correct and that interpretations are valid.

- What if a client refuses to complete the dual diagnosis evaluation instruments?

It is not a requirement that a client complete the outcome instruments in order to receive services. It is their right to refuse to complete the instruments. Should a client refuse to complete the instruments, the refusal must be documented in the file. Some counties simply write across the front page of each instrument that was refused the words "CLIENT REFUSED."

Research and Performance Outcomes Development
California Department of Mental Health
1600 9th Street
Sacramento, CA. 95814

Reporting Dual Diagnosis Data to the State Department of Mental Health

- How does the dual diagnosis data get reported to the State?

  The data will be submitted into a report within 6 months of the end of the project.

- How will DMH release the data?

  DMH will release a final report in December 2001.

Research and Performance Outcomes Development
California Department of Mental Health
1600 9th Street
Sacramento, CA. 95814